

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.	35					
TOTAL DEP.	97					
TOTAL CLAIMS	132					

	*		* AMDT/A		* AMDT/B	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			5		5	
TOTAL DEP.			7		7	
TOTAL CLAIMS			12		12	

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

*AND/C*

## CLAIMS

ADDED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
TOTAL DEP.					
TOTAL CLAIMS					

*	*		*		
IND.	DEP.	IND.	DEP.	IND.	DEP.
90	1				
91	1				
92	1				
93	1				
94		1			
95		1			
96		1			
97		1			
98		1			
99		1			
100		1			
TOTAL IND.	5				
TOTAL DEP.	7				
TOTAL CLAIMS	12				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

# CLAIMS ONLY

SERIAL NO.	FILING DATE
APPLICANT(S)	

AMDT 1/21 AMDT B AMDT/C CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*AMDT/A		*AMDT/B		*AMDT/C	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		5		5		5						
102		1		1		1						
103	1		1		1							
104		1		1		1						
105		1		1		1						
106	1		1		1							
107	1		1		1							
108	1		1		1							
109	1		1		1							
110	1		1		1							
111	1		1		1							
112		10		10		10						
113		10		10		10						
114		10		10		10						
115		10		10		10						
116		10		10		10						
117		10		10		10						
118		10		10		10						
119		10		10		10						
120		10		10		10						
121	1		1		1							
122		1		1		1						
123		1		1		1						
124		1		1		1						
125		1		1		1						
126		1		1		1						
127		1		1		1						
128		1		1		1						
129		1		1		1						
130		1		1		1						
131		1		1		1						
132		1		1		1						
133		1		1		1						
134		1		1		1						
135		1		1		1						
136		1		1		1						
137		1		1		1						
138		2		2		2						
139		2		2		2						
140		2		2		2						
141		2		2		2						
142	1		1		1							
143	1		1		1							
144	1		1		1							
145	1		1		1							
146	1		1		1							
147		1		1		1						
148		1		1		1						
149		1		1		1						
150		1		1		1						
TOTAL IND.	13		13		13		3		3		3	
TOTAL DEP.	90		86		86		13		22		33	
TOTAL CLAIMS	103		99		99		16		25		36	

27  
30  
32  
39  
40

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\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

12  
103  
16  
31

12  
89  
25  
136

12  
94  
36  
147

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